



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 1/13/09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Ilene H. Tibbetts

ADDRESS: 34 Briggs St. 1st Fl
Easthampton, MA 01027

TELEPHONE: 413-203-1257

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: Gotta Go TAXI

DATE OF BIRTH: 3-11-51 SOCIAL SECURITY #:

HEIGHT: 5 WEIGHT: 170 HAIR: Brown EYES: Brown

DRIVER'S LICENSE #:

DATE OF EXPIRATION: 3/11/09

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: *Ilene H. Tibbetts*

APPROVED/NOT APPROVED: <u><i>[Signature]</i></u>	Date: <u>1/16/08</u>
Chief of Police	
Date Approved/Denied: _____	License # _____
Remarks: _____	

☆Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002